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BIBDATASHEET

CONFIRMATION NO. 6731

Bib Data Sheet

SERIAL NUMBER 09/882,376	FILING OR 371(c) DATE 06/18/2001 RULE	CLASS 436	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. 62611.000202
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APPLICANTS

John Peter Morseman, Columbia, MD;
Mark Wesley Moss, Baltimore, MD;
F.C. Thomas Allnutt, Port Deposit, MD;

** CONTINUING DATA *****

This appln claims benefit of 60/211,978 06/16/2000

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/16/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MD	SHEETS DRAWING 7	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

21967

TITLE

HIGH FLUORESCENT INTENSITY CROSS-LINKED ALLOPHYCOCYANIN

FILING FEE RECEIVED 927	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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